

Department for the Blind and Vision Impaired

397 Azalea Avenue
Richmond, Virginia 23227

Dear Parents / Guardians:

It is once again time for campers to plan to attend **SUPER SUMMER CAMP** (SSC) which is sponsored by the Department for the Blind and Visually Impaired (BVI). The purpose of SSC is to offer children with visual disabilities an opportunity to have a summer camp experience, make new friends, practice independence, and develop self-confidence. The camp's activities include swimming, canoeing, fishing, hiking, archery, and arts/crafts. This year's camp will be held at the Camp Easter Seal – West facility that is located one hour north of Roanoke.

Super Summer Camp will be a seven-day session that is planned for 60 campers with visual impairments. The camp will be staffed by professional teachers of the visually impaired. SSC will be held at the same time that Camp Easter Seal (CES) is conducting its own camping session for a small number of children who have hearing impairments. While this program is conducted at the same time as SSC, the two programs have separate activities.

Camp Dates: To Be Determined

Location: To Be Determined

Cost: To Be Determined

Application Deadline: To Be Determined

TRANSPORTATION: Transportation is the responsibility of the family. While BVI will not provide transportation, agency staff may be able to assist you in finding carpools and ride sharing with other families from your area.

CAMPERS must meet the following criteria to attend:

1. Age: 8-16 by the end of August 2000.
2. Visual acuity: 20/100 or worse; priority is given to children who are legally blind.
3. Toilet trained.
4. Able to travel around camp with little or no assistance from counselors, i.e., requiring little more than sighted guide.
5. Able to benefit from the camp activities.

To be considered for camp, the enclosed Camp Easter Seal **Super Summer Camp Application** and **Medical Examination Summary** must be completed and returned to CES by the deadline.



Creating solutions, changing lives.

Easter Seals

Camp Easter Seal – East
20500 Easter Seal Drive
Milford, Virginia 22514
(804) 633-9855
(804) 633-6203

www.campeasterseal-va.org

Dear Parents,

Welcome to the Super Summer Camp season! We hope that this camp will provide your child with a n enjoyable camping experience, at which the activities are modified for your child's visual needs. Also, we look to this camp to provide your child with an experience of sharing a special time with other children with visual impairments.

We are anticipating a great camp this year. We plan to have individuals with experience in working with children who have visual disabilities as our counselors. We also are planning camping activities which should be fun as well as challenging for our campers. The all-time favorites of swimming, arts and crafts, archery, riflery, and horseback riding will be back. We also are going to include fishing, canoeing, tree climb, rappelling, and campouts.

Campers will live in groups of 8 – 12 and will be grouped according to similar ages. A team of staff members lives in each cabin to provide supervision and personal care assistance as needed. Staff participate in activities with campers to assure adequate supervision and to promote bonds of friendship. A Registered Nurse or Licensed Practical Nurse is on staff at camp to operate an efficient infirmary and to handle health and medication concerns. Nurses operate under physician standing orders and the camp utilizes the service of a physician who is on call at all times.

Enclosed in this ailing you will find two forms: a Super Summer Camp Application and a Medical Examination Summary. These forms must be completed and returned by May 31, 2000 for consideration for acceptance to camp. Once your child has been accepted to camp, an acceptance packet will be sent to you. This packet will include information about packing, directions to camp, check-in and check-out times and procedures, etc.

Should you have any questions regarding camp, please contact the Camp Director, Kate Jacob, at (540)628-2028. I will be glad to answer any questions.

This year's camp is sponsored by the Department for the Blind and Vision Impaired. Your child's attendance at camp is provided at no charge to you by BVI.

Please return completed forms to Kate Jacob, 19358 Stirrup Drive, Abingdon, VA 24211.

Sincerely,

Kate Jacob,
Camp Director

SUPER SUMMER CAMP

APPLICATION

Camper Name: _____
Last First Preferred Name

Social Security Number: _____ Date of Birth: _____ Sex: ☐ M ☐ F

Address: _____ Telephone: _____
City State/Zip

Parent/Guardian _____ Telephone: _____
Name

Address City State/Zip

NATURE OF DISABILITY: Check all that apply.

☐ Visually Impaired – partial ☐ Visually Impaired – total

Assistive Devices: Check all that apply.

☐ Glasses ☐ Hearing Aid ☐ Braces ☐ Prosthesis

Eating: Check all that apply.

☐ No assist ☐ Partial assist ☐ Total assist ☐ Special utensils

Diet: Check all that apply.

☐ Normal ☐ Chopped food ☐ Low calorie ☐ Low salt
☐ Diabetic (if yes, total number of calories)
☐ Special Diet *Attach list of special diet requirements
☐ Food Allergies * List

Bowel Control: Check all that apply.

☐ Always ☐ Sometimes ☐ Needs reminders

Bladder Control: Check all that apply.

☐ Always ☐ Sometimes ☐ Needs reminders

Dressing: Check all that apply.

☐ No assist ☐ Partial assist *List _____ ☐ Total assist

Washing/Bathing/Showering: Check all that apply.

☐ No assist ☐ Partial assist *List _____ ☐ Total assist

Sleeping: Check all that apply.

☐ Sleep walks ☐ Special bedtime routines *List
☐ Okay for camper to sleep on upper bunk

(Please initial)

Medical

Is the camper covered by hospitalization insurance? ☐ Yes ☐ No

Carrier _____ Policy or Group No. _____
Medicaid No _____
Please attach a copy of Insurance/Medicaid Card

MEDICAL EXAMINATION SUMMARY

FOR CAMP EASTER SEAL – EAST OR WEST
20500 Easter Seal Drive
Milford, Virginia 22514
804-633-9855

This medical form must be completed by applicant's regular physician based upon an exam which has taken place within one year of the camp session starting date. This form must be received at camp no later than 16 days prior to the first day of the session the camper is attending.

IMPORTANT NOTE TO PHYSICIAN: The information requested in this form is extremely important to the applicant's health and safety during participation at Camp Easter Seal. In most cases the level of activity will be higher than normal and the daily routine will be different. Camp does have an infirmary and a nurse on site 254 hours a day, however, we provide only routine, basic health care and specific medical facilities are 20 minutes away. It is crucial therefore, that care be taken in thoroughly completing this form.

APPLICANT'S

NAME: _____ Age _____ Sex _____ Birth date _____

Weight _____ Height _____ Blood Pressure _____ HCT _____ Vision _____ Hearing _____

DATES OF IMMUNIZATIONS:

Measles, mumps, rubella _____ Tenaus-Diptheria Toxoid _____
DPT Series 1) _____ 2) _____ 3) _____ 4) _____ 5) _____
Polio Series 1) _____ 2) _____ 3) _____
H. Influenza _____ Pneumo Vac _____
Hepatitis B 1) _____ 2) _____ 3) _____
Last TB Skin Test Date _____ Results _____

PRIMARY DIAGNOSIS (please be specific)

Date of onset _____

Secondary Diagnosis (Related or unrelated to primary diagnosis) _____

Functional Handicaps (e.g. iliosomy) _____

Any infectious diseases? Please name and give recommendations _____

Does applicant have epilepsy? _____ Type of seizures _____ Frequency _____

PLEASE CHECK THE FOLLOWING: EYES ☐ EARS ☐ NOSE ☐ THROAT ☐ TEETH ☐

LUNGS ☐ HEART ☐ ABD. ☐ GENT. ☐ EXT. ☐ SKIN ☐ LYMPH NODES ☐

Has the applicant been identified as mentally retarded? _____ If yes, please indicate the functioning level.

☐ Educable mentally retarded (IQ 69 – 55) ☐ Trainable (IQ 54 – 40) ☐ Severe to Profound (IQ below 40)

DOES APPLICANT HAVE ANY ALLERGIES? _____ TO WHAT: Bee Sting or Insect Bite _____ Pollen
Serum _____ Food _____ Drugs (penicillin, etc.) _____ Other _____
Signs of allergic reaction: _____
Recommended treatment _____

The following section must be signed before the application can be processed.

- (1) This application has my approval. While Easter Seals Virginia will take every reasonable precaution, it is agreed that the Society is not legally responsible for any accidents, incidents or injuries that may occur during the camp session, assumes no responsibility for applicant's personal property and is released from liability for any accident, incident or injury except as may be covered by camper's insurance. Applicant has my permission to engage in all camp activities, including transportation as deemed necessary, except as noted by myself or physician.

Parent/Guardian _____ Date _____
Signature

- (2) the undersigned hereby authorizes and grants permission to any licensed physician designated by Easter Seals Virginia, Inc. to treat or to perform any emergency operation on the child's condition that would be jeopardized by any delay in providing such treatment or performing such operation. The undersigned further authorizes the performances of any necessary dental work on child.

Parent/Guardian _____ Date _____

- (3) Permission is hereby granted to use my/our child's name and picture in publicizing the work and programs of the Easter Seals, Virginia and Camp Easter Seal. **Please contact Camp Director if you do not want your child's name or picture utilized to promote camp programs.

Parent/Guardian _____ Date _____